

KANSAS DEPARTMENT ON AGING
TARGETED CASE MANAGEMENT (TCM)-FE PROVIDER CHOICE FORM

**For a list of case management providers in your area, contact:
Kansas Department on Aging at 1-800-432-3535,
or visit KDOA's website at www.agingkansas.org.**

Date: _____

Customer Name: _____

Beneficiary ID Number: _____

I understand that, as a customer receiving Home and Community Based Services for the Frail Elderly, I have the right to receive my Targeted Case Management services from the qualified case management provider of my choice.

I, _____, choose my targeted case management services
to be provided to me by _____
effective _____.

Customer Signature: _____ Date: _____

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TCM-FE Provider Choice Review:

Customer Initials	Date	TCM Initials	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____